## CACFP MASTER LIST OF ENROLLED CHILDREN PROGRAM ELIGIBILITY AND/OR CIVIL RIGHTS ROSTER

		Month	Year:							
Instit	ution Name:									
(mont verifie docur docur <b>9</b> . List	th/year) for child's Income Eligibility es monthly eligibility to participate in ment required annual Civil Rights in ment required annual Civil Rights in t your centers license capacity 10.	e <b>2.</b> Child's first name <b>3.</b> Check the box if a Form (IEF) <b>5.</b> List benefit category: Free, in CACFP based on at least 25% Title XX restricted in CACFP based on at least 25% Title XX restricted in Limited to: H=Hispanic, N=Non information. Limited to: A=Asian, B=Black, Which is the control of the contr	Reduced of cipients, characteristics, ch	or Paid (F, R o leck this box 8. List racial in American Indi inded this month	r P) <b>6.</b> If ins <b>7.</b> List ethnic formation if an/Alaskan I	stitution city if u using t <u>Native,</u>	n is for-prosing this form to P=Pacific	orm to o lslander		
<sup>9</sup> License Capacity		<sup>10</sup> Total enrolled last day of month: <sup>11</sup> Total attending			ee/reduced #/% OR					
			_		e XX participants: #/%					
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#	1 Last Name	2 First Name	<b>3</b> Attended	4 IEF Renewal Date	5 Benefit category	6 Title XX	<b>7</b> Ethnicity	8 Race
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